

UNITED STATES 395916
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMBAPPROVAL

OMB Number: 3235-0076

Expires:

April 30, 2008

Estimated average burden



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FINANCIAL

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Name of Offering check if this is an amendment and name has changed, and indicate change.) Shady Grove Meadery Regulation D Offering Rule 504 ULOE Filing Under (Check box(es) that apply); x Rule 506 Rule 505 Section 4(6) Type of Filing: X New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( Check if this is an amendment and name has changed, and indicate change.) Shady Grove Spirits, LLC DBA Shady Grove Meadery, LLC Telephone Number (Including Area Code) (865) 463-7652 (Number and Street, City, State, Zip Code) 180 Windsong Road, Clinton, Tennessee 37716 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Same as above Brief Description of Business: Winery business operating as a permitted facility under the Tennessee Alcoholic Beverage Commission that produces honey wines with a retail tasting room and gift shoo. PROCESSED Type of Business Organization other (please specify): corporation limited partnership, already formed ousiness trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: Estimated X Actual 0 2

### **GENERAL INSTRUCTIONS**

### Redero!

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDE	NTIFICATION DATA	<del></del> -	•	1
2. Enter the information rec	puested for the following:					
Each promoter of	the issuer, if the issuer ha	s been organized within the pas	t five years;		.•	
<ul> <li>Each beneficial or</li> </ul>	vner having the power to	vote or dispose, or direct the vo	te or disposition of, 10% or mor	e of a class of equity se	curities of the issuer.	
Each executive of	ficer and director of corpo	rate issuers and or corporate ge	neral and managing partners of	partnership issuers; and	1	
<ul> <li>Each general and s</li> </ul>	nanaging partner of partn	ership issuers.	•	•	•	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	:
Cosgrove, John Michael				· · · · · · · · · · · · · · · · · · ·		
Full Name (Last name first, if it 180 Windsong Road, Cli	ndividual) Inton, Tennessee 37	7716	,			
Business or Residence Address	(Number and Street, C	City, State, Zip Code)				
Check Box(es) that Apply:  Chase, Charles William	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if i		16		····	•	
263 Carriage View, Clint	MI, TOURGOOD 3//	· · · · · · · · · · · · · · · · · · ·		······································		
Business or Residence Address	(Number and Street, C	City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if it 2376 East Wolf Valley R	ndividual) load, Clinton, Tenne	ssee 37716	<u> </u>	•		"
<del></del>	· · · · · · · · · · · · · · · · · · ·			·	<del></del>	
Business or Residence Address	(Number and Street, C	ity, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if it	ndividual)			-		
Business or Residence Address	(Number and Street, (	City, State, Zip Code)		····		) !
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	<b>1</b>
Full Name (Last name first, if it	ndividual)					1
Business or Residence Address	(Number and Street, C	City, State, Zip Code)				Í
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	· i
Full Name (Last name first, if i	ndividual)		,	······································	<del> </del>	: :
Business or Residence Address	(Number and Street, C	city, State, Zip Code)		<del></del>		.
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	<del></del>
Full Name (Last name first, if is	ndividuat)	·				
Business or Residence Address	(Number and Street, C	ity, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		<del></del>	
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		·		B. IN	FORMATION	ABOUT OF	FERING				. •	1	
·		<del></del>			<del></del>	<del>.</del>	<del></del>		······		Yes	No	
1. Has the	issuer sold, o	r does the issu		-			•		****		X		
					appendix, Col		=		•			-	
2. What is the minimum investment that will be accepted from any individual?									\$_2,50				
3. Does th	e offering per	mit joint own	ership of a si	ngle unit?							Y*s N⊘l	No $\Box$	
	~.	requested for	-	•							X	<b>□</b> ,	
commis	sion or simila	u remuneratio	n for solicita	tion of purel	hasers in cont	ection with	ales of secur	rities in the o	ffering.				
_		d is an associate of the broke	-	_		-							
		nu may set for					3 111 0 123500112	oc paraona o				•	
Full Name (L	ast name first	l, if individual	l)			· <del></del>	<del></del>		······································	<del></del>		<del></del>	
		<del> </del>			<del></del>			··· · · · · · · · · · · · · · · · · ·	<u> </u>				
Business or R	esidence Add	iress (Numba	and Street,	City, State, 2	Zip Code)							•	
Name of Asso	ocisted Broke	r or Dealer		·· <del>·</del> ·····				<del></del>					
I THE OF THESE	ocianos 14 okt	,			ı	4			•				
States In Whi	ch Person Lis	sted Has Solic	ited or Inten	ds to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·					
(Check	"All States" o	or check indiv	idual States)	***************************************							☐ Al	l States	
[AL]	[AK]	(AZ	(AB)	CA	(čV.)	[CT]	DE	(mor)	( <del>हा '</del> )	` [GA]	(Tital)	(IR)	
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RI	SC	[3D]	TN	TX	UT	[VI]	VA	WA	[WV]	WI	WY	PR	
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Full Name (L	ast name first	i, if individual	)						_				
Business or R	esidence Ado	iress (Númber	and Street,	City, State, Z	Lip Code)			•					
		·											
Name of Asse	ociated Broke	r or Dealer											
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(Check	"All States" o	r check indivi	idual States)	*********	*************	. ,	***************************************					l States	
AL	AK	AZ	AR	CA	(CO)	CT	DE	DC	FL	GA	HI	ID	
正	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
MT	NE	NV	NH	ĹŃĴ	NM	NΥ	NC	ND	OH	OK	OR	PA	
RI	SC	SD	TN	TX	மா	VT	VA]	WA	[WV]	(WI	WY	PR	
Full Name (L	ast name first	, if individual	)	·				.,		.,			
			<del></del>			<del></del>							
Business or R	esidence Add	iress (Number	and Street, (	City, State, 2	'ip Code)								
Name of Asso	ciated Broke	r or Dealer	· · · · · · · · · · · · · · · · · · ·							<del></del> -,-	····		
States In Whi	ch Person Lis	ted Has Solic	ited or Intend	is to Solicit I	Purchasers	-						1	
(Check	"All States" o	r check indivi	dual States)		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		****************				States	
AL	[AK]	ΑZ	AR	CA	[00]	CT	[DE]	DC	FL	[GA]	HI	ן מון	
	[N]	[AZ]	KS	KY	[LA]	ME	MD	MA	MI	MN	MS	MO	
MT	NE	NV	NH	NJ	NM	NY	NC NC	ND	OH	OK	OR	PA ,	
RI	SC	SD	TN	TX	UT	VI	(VA)	WA	wv	WI	WY	PR	

sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
already exchanged.		١.
Type of Security	Aggregate Offering Price	Amount Aiready Sold
Debt	· \$ 0	•
Equity		
Common Preferred		
Convertible Securities (including Warrants)	<b>\$</b> 0	•
Partnership Interests		\$
Other (Specify LLC )Membership Units		\$
Total	<del>-</del> ·	
Answer also in Appendix, Column 3, if filing under ULOE.		3_0
·	J	
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate		
the number of persons who have purchased securities and the aggregate dollar amount of their		
purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number	Aggregate Dollar Amount
·	Investors	of Purchases
Accredited Investors	00	<b>s</b> o
Non-accredited Investors	00	<b>s</b> o
Total (for filings under Rule 504 only)	0	\$ 0
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities		, ,
sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the		١٠
first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of	Dollar Amount
Type of Offering	Security	Sold
Rule 505	00	<b>s</b> o
Regulation A	00	\$0
Rule 504	00	. <b>s</b> o_
Total	00	\$0_
a. Furnish a statement of all expenses in connection with the issuance and distribution of the		
securities in this offering. Exclude amounts relating solely to organization expenses of the issuer.		•
The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	_	
-	i.	\$0
Printing and Engraving Costs	12	\$500.00
Legal Fees.	·	] <b>\$</b> 0
Accounting Fees	L.	] <b>\$</b> 0
Engineering Fees	L.	\$o
Sales Commissions (specify finders' fees separately)		] <b>s</b> o
Other Expenses (identify) Offering Preparation Fast & State Filing F	<i>7225</i>	\$2,500.00
Total	k	s 3.000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

**	C OFFERING PRICE, NUMBER (	OF INVESTORS; EXPENSES AND USE OF PROCEE	DS .	
	Enter the difference between the aggregate offering pr d total expenses furnished in response to Part C — Questi occeds to the issuer."	on 4.a. This difference is the "adjusted gross		\$ 147,000.00
, lı	dicate below the amount of the adjusted gross proceed to	the issuer used or proposed to be used for	•	
ci	ch of the purposes shown. If the amount for any purpose it eck the box to the left of the estimate. The total of the pay	ments listed must equal the adjusted gross		
P	occeeds to the issuer set forth in response to Part C Ques	stion 4.6 above.		
			Payments to Officers, Directors, &	Payments to
_			Affiliates	Others
	daries and fees		□\$ <u></u> 0	□ <sup>5</sup> <sup>0</sup>
	rchase of real estate		□ s—_0——	20
	rchase, rental or leasing and installation of machinery d equipment			<b>-</b> 5 0
	onstruction or leasing of plant buildings and facilities		so	□ <b>\$</b> 0
	equisition of other businesses (including the value of secur fering that may be used in exchange for the assets or secur			
	suer pursuant to a merger)		□\$ <u> </u>	□\$ 0 <sup>1</sup>
R	epayment of indebtedness		\$33,000.00	
V	orking capital		\$20,000.00	
o	her (specify):		[X]	Z *
	(		□*	· 🗆 •
_			· □\$	□ \$
c	olumn Totals	·	<b>\$</b> 53,000.00	
<b></b>			<b>—</b>	<b>-</b>
T	ntal Payments Listed (column totals added)		⊠ s	147,000.00
	A CONTRACTOR OF	DEFEDERAL SIGNATURE	The section have the second section of the second	d and an and
gnatu	ter has duly caused this notice to be signed by the undersi- e constitutes an undertaking by the issuer to furnish to the rmation furnished by the issuer to any non-accredited inves-	U.S. Securities and Exchange Commission, upon	•	8
ssuer (	Print or Type)	Signature	Date	
$\sim$	THY COURS WEARD HAS	200 . W. Mall	3/29/0	120
lame o	f Signer (Print or Type)	Title of Signer (Print or Type)		<del></del>
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1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Appendix, Column 5, for state response.	•	
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notic D (17 CFR 239.500) at such times as required by state law.	e on Form	
3,	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished b issuer to offerees.	y the	
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Unit Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied.		
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the un corized person.	dersigned	
r (P)	int or Type) Signature  Date  3/3	1/07	
10 (Pr	rim or Type)  Title (Prim or Type)  Title (Prim or Type)	+ Mar	797

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

